



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/717,529
		Filing Date	21 NOV 2000
		First Named Inventor	ATZEL
		Art Unit	
		Examiner Name	LEWIS
Total Number of Pages in This Submission	2	Attorney Docket Number	ATZ-1

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<i>comment on reasons for allowance mailed</i> <i>1 May 2008</i>
<input type="checkbox"/> Remarks <i>Please enter comment into the file</i>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	<i>Amy Atzel</i>	
Signature	<i>Amy Atzel</i>	
Printed name	<i>Amy ATZEL</i>	
Date	18 May 2008	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Amy Atzel</i>	
Typed or printed name	<i>Amy ATZEL</i>	Date 18 May 2008

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09/717,529



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: ATZEL Examiner: C. LEWIS
Serial No: 09/717,529 Group Art Unit: 2177
Filed: 21 Nov 2000
Title: SYSTEM AND METHOD FOR ORDERING ITEMS

COMMENT ON REASONS FOR ALLOWANCE

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the NOTICE OF ALLOWANCE mailed 1 May 2008, Applicant submits the following comments.

Applicant hereby reserves the right to prosecute the subject matter of claims 66-71 in a continuing application. Applicant disagrees with the determination that claims 66-71 constitute non-statutory subject matter. In a telephone interview with Examiner Lewis on 29 April 2008, Applicant agreed to cancel claims 66-71 solely for the purpose of furthering the allowance of the remaining claims.

Respectfully submitted,
Amy Atzel
3116 12th Ave S #207
Minneapolis, MN 5540
(612) 692-8863


Amy Atzel Date: 18 May 2008



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TRANSMITTAL FORM

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Total Number of Pages in This Submission	4	Application Number	09/717,529
		Filing Date	11-21-2000
		First Named Inventor	Amy ATZEL
		Art Unit	
		Examiner Name	LEWIS
		Attorney Docket Number	ATZ-1

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks <i>Issue Fee Transmittal - Request to apply previously paid issue fee</i>			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	<i>Amy Atzel</i>		
Signature	<i>Amy Atzel</i>		
Printed name	AMY ATZEL		
Date	5-18-2008	Reg. No.	

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Signature	<i>Amy Atzel</i>		
Typed or printed name	AMY ATZEL	Date	5-18-2008

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